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Re: U.S. Patent Application No. 09/826,592

Filed: April 5, 2001

Attorney Docket No.: SMY-249.01 (25087-24901)

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2. Revocation of Power of Attorney, Grant of New Power of Attorney, Change of Correspondence Address, and Change of Attorney Docket Number (2 pgs); and
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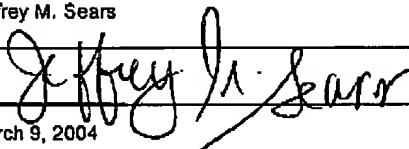
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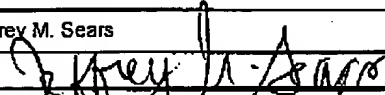
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/826,592	
	Filing Date	April 5, 2001	
	First Named Inventor	Radia J. Perlman	
	Group Art Unit	2841	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	4	Attorney Docket Number	SMY-249.01 (25087-24901)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Appointment of Power of Attorney and Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet.
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Firm or Individual name	Jeffrey M. Sears
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Date	March 9, 2004

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